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PTO/SB/21 (02-04)

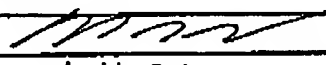
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635,630	
	Filing Date	August 6, 2003	
	First Named Inventor	KENNEDY	
	Art Unit	3764	
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	6865-18-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): copy of Applicant's birth certificate
Remarks Please charge any fee deficiencies or credit any overpayments to Deposit Account No. 50-0951.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark D. Passier, Registration No. 40,784 Akerman Senterfitt
Signature	
Date	1-11-06

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Mark D. Passier
Signature	
Date	1-11-06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of KENNEDY et al.

Application No.: 10/635,630

Examiner:

Date Filed: August 6, 2003

Group: 3764


For: MESSAGE DEVICE

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PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102(c)CERTIFICATE OF TRANSMISSION/MAILING

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 Reg. No. 40,764
Mark D. Passler

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR §1.102 and MPEP 708.02, paragraph IV, Applicants hereby petition to make special for an advancement of examination the above-referenced patent application. Pursuant to 37 C.F.R. §1.102(c) no statutory fee is required for this Petition. However, the Commissioner is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees paid on the filing, or during prosecution of this application to Deposit Account No. 50-0951.

In accordance with the provisions of 37 CFR §1.102(c) and MPEP 708.02, paragraph IV, entitled "APPLICANTS AGE" Applicants respectfully request advancement of examination for the above-referenced patent application. One of the named inventors, Inventor Melvin R.

{WP277710:1}

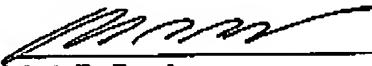
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Kennedy, was born on August 22, 1940. Accordingly, the age of Applicant Melvin R. Kennedy is currently 65, which fulfills the statutory requirement under 37 CFR §1.102(c) for an applicant to be 65 years of age or older. A copy of Applicant Melvin R. Kennedy's birth certificate is enclosed as evidence of his age.

Applicants respectfully request a timely grant of this petition to make special for an advancement of examination under 37 CFR §1.102(c) and MPEP 708.02.

Respectfully submitted,

Date: 1-11-06


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Docket No. 6865-18-1

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of TULARE
VISALIA, CALIFORNIA

DISTRICT No. 5454 REGISTRAR'S No. 67

1. FULL NAME OF CHILD MELVIN RAY KENNEDY		2. PLACE OF BIRTH: (a) COUNTY Tulare (b) CITY OR TOWN Strathmore - Rural (c) NAME OF HOSPITAL OR INSTITUTION At Home - Strathmore (d) MOTHER'S STATE BEFORE DELIVERY: California	
3. USUAL RESIDENCE OF MOTHER: California (a) STATE California (b) CITY OR TOWN Strathmore (c) STREET AND NUMBER Rural		(d) LENGTH OF RESIDENCE IN CALIFORNIA: Life	
4. SEX Male	5. TWIN OR TRIPLET No	6. MONTH OF BIRTH August	7. DAY OF BIRTH 22, 1940
8. FULL NAME Stanley Paul Kennedy		9. COLOR OR RACE White	
10. AGE AT TIME OF THIS BIRTH 26		11. LENGTH OF RESIDENCE IN CALIFORNIA 13 yrs	
12. BIRTHPLACE California		13. USUAL OCCUPATION Rancher	
14. INDUSTRY OR BUSINESS		15. FULL NAME Dorothy Elizabeth Gerdes	
16. CHILDREN BORN TO THIS MOTHER: (a) NOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW ALIVE? 1 (b) NOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0 (c) NOW MANY CHILDREN WERE BORN DEAD? 0		17. COLOR OR RACE White	
18. BIRTHPLACE California		19. USUAL OCCUPATION Housewife	
20. INDUSTRY OR BUSINESS		21. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: Rt. 2, Box 224, Strathmore, Calif.	
22. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THE CHILD AND WAS PRESENT AT THE TIME OF THE BIRTH AND THAT THE INFORMATION GIVEN WAS CORRECTED BY: Mrs. Kennedy and Newton Miller			
23. DATE RECEIVED BY LOCAL REGISTRAR: 8/27/1940			
24. REGISTRAR'S SIGNATURE: W. R. Means			
25. GIVEN NAME ADDED: None			
26. (a) PRESENCE, COMPLICATIONS OF: None (b) LABOR, COMPLICATIONS OF: None (c) WAS THERE AN OPERATION FOR DELIVERY? no STATE ALL OPERATIONS: None (d) WAS A PROPHYLACTIC DRUG USED IN THE BIRTH? yes Neosilvol 10% (e) WAS A SEQUEL TEST MADE FOR SYRILIS IN THIS MOTHER? yes (f) IF SO, AT WHAT PERIOD OF GESTATION? 3 MONTHS			

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

173275

STATE OF CALIFORNIA
COUNTY OF TULARE

CERTIFIED COPY OF VITAL RECORDS

SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tulare County Registrar.

DATE ISSUED **OCT 25 2002**

Gregory B. Hardcastle
GREGORY B. HARDCASTLE
ASSESSOR-CLERK-RECORDER
COUNTY OF TULARE

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

ANY ALTERATION OR COUNTERFEITING OF THIS CERTIFICATE